PRINTED: FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CO A. BUILDING B. WING	ONSTRUCTION 00	(X3) DATE SURVEY COMPLETED 09/28/2011	
	PROVIDER OR SUPPLIEF		2452 W	ADDRESS, CITY, STATE, ZIP CODE V KEM RD NN, IN46952	
(X4) ID PREFIX TAG R0000	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	(X5) COMPLETION DATE
	Licensure Survey Survey dates: So Facility number: Provider number Aim number: N Survey team: Betty Retherford Karen Lewis RN Delinda Easterly Census bed type Residential: 42 Total:42 Census payor typ Other: 42 Total: 42 Sample: 8 These State Residentials	eptember 27, 28, 2011 010682 :: 010682 /A I RN, TC RN : dential Findings are cited ith 410 IAC 16.2-5. epleted 9/28/11	R0000	The following is the Plan of Correction for Sterling House Marion in regards to the Statest Deficiencies for the annual surcompleted on 9/28/2011. This of Correction is not to be consumed as an admission of or agreement the findings and conclusions in Statement of Deficiencies, or a related sanction or fine. Rather submitted as confirmation of congoing efforts to comply with statutory and regulatory requirements. In this document have outlined specific actions response to identified issues. have not provided a detailed response to each allegation or finding, nor have we identified mitigating factors. We remain committed to the delivery of que health care services and will compare to make changes and improversatisfy that objective.	ment of rvey Plan trued ont with on the cany er, it is our on th, we in We d uality ontinue

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

10/06/2011

Any defiencystatement ending with an asterisk (*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID:

1XEK11

Facility ID:

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE (A. BUILDING	CONSTRUCTION 00	(X3) DATE SURVEY COMPLETED	
			B. WING		09/28/2011
NAME OF PROVIDER OR SUPPLIER STERLING HOUSE OF MARION			2452	T ADDRESS, CITY, STATE, ZIP CODE W KEM RD ON, IN46952	
(X4) ID	SUMMARY S	TATEMENT OF DEFICIENCIES	ID	PROVIDER'S PLAN OF CORRECTION	(X5)
PREFIX	(EACH DEFICIEN	CY MUST BE PERCEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE
R0241	provision of reside as ordered by the shall be supervised premises or on cal (1) Medication shallicensed nursing p medication aides.	all be administered by ersonnel or qualified			
		review and interview, the	R0241	R 241:	10/22/2011
	_	ensure sliding scale		What corrective action(s) will be accomplished for those residen	l l
		nistered correctly in		found to have been affected by	l l
		physician's orders for 2		alleged deficient practice?	
		viewed with orders for			
	_	llin in a sample of 8.		Resident # 13: This resi	
	(Resident #13 an	d #22)		suffered no adverse effects due alleged deficient practice. The	to the
				licensed nurse involved in the	
	Findings include	:		alleged medication discrepancy longer employed at this commu	
	1.) The clinical r	record for Resident #13		Going forward, this resident no	w has
	was reviewed on	9/27/11 at 1:30 p.m.		a new flow sheet placed in the Medication Administration Rec	:
	Diagnoses for Re	esident #13 included, but		where the sliding scale insulin of and accu-check readings may be	l l
	_	to, Dementia, Diabetes		documented on the same page f	
	Mellitus, type 2,			easier reference. A new Flow sh	
				will be introduced at the nurses	
	Admission physic	cian's orders, dated		meeting scheduled on Oct. 21, 2	
		Resident #13 was to		this flow sheet will have the cur sliding scale orders with a place	
		checks done four times		document the blood sugar.	
	_	ers indicated sliding scale		Resident # 22: This resi	dent
	-	was to be given based on		suffered no adverse effects due	
	_	esults. The amounts of		alleged deficient practice. Goir	
		en included, but were not		forward, this resident now has a flow sheet placed in the Medica	
	limited to, the fol			Administration Record where the	l l
				sliding scale insulin orders and	
	Blood sugar resu	lts 181-200- give 2 units		accu-check readings may be documented on the same page f	or

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10/06/2011

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA X2) MULTIPLE CONSTRUCTION X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED 00 A. BUILDING 09/28/2011 B. WING STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2452 W KEM RD STERLING HOUSE OF MARION MARION, IN46952 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) PROVIDER'S PLAN OF CORRECTION PROVIDER'S PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REFERENCED TO THE APPROPRIATE
DEFICIENCY) PREFIX (EACH DEFICIENCY MUST BE PERCEDED BY FULL PREFIX COMPLETION TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE Blood sugar results 221-260- give 3 easier reference. A new Flow sheet will be introduced at the nurses units... meeting scheduled on Oct. 21, 2011 this flow sheet will have the current The June 2011 Medication Administration sliding scale orders with a place to Record (MAR) indicated sliding scale document the blood sugar. insulin had been given based on blood How will the facility identify other sugar readings which were below 181 as residents with the potential to be noted below: affected by the same alleged deficient practice and what 6/4/11 at dinner-blood sugar 177- 2 units corrective action will be taken? Other diabetic residents with of insulin was documented as having been orders for sliding scale insulin have given the potential to be affected by the 6/4/11 at bedtime-blood sugar 157- 2 units alleged deficient practice. For this of insulin was documented as having been reason the clinical records for all diabetic residents with sliding scale insulin orders have been reviewed by 6/6/11 at bedtime-blood sugar 180- 2 units the Health and Wellness Director and of insulin was documented as having been compared to the documentation on the MARs for accuracy and 6/8/11 at dinner-blood sugar 157- 2 units completeness. No other residents of insulin was documented as having been were noted to be affected by the alleged deficient practice. 6/9/11 at dinner-blood sugar 178-2 units What measures will be put in place of insulin was documented as having been or what systemic changes will the given facility make to ensure the alleged deficient practice does not recur? The clinical record lacked any order for A meeting was held on insulin to be given for the blood sugar September 30 th, 2011 between the levels noted above. Executive Director, Health and Wellness Director, the consulting pharmacist and the director of the The July 2011 MAR indicated insulin community's preferred pharmacy. given was not in accordance with As a result of the meeting, the physician's orders on the following date pharmacy has agreed to present an and time: inservice at the community during the month of October (for nurses)

Facility ID:

	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING B. WING	00	COMPLETED 09/28/2011
	PROVIDER OR SUPPLIER		STREET. 2452 V	ADDRESS, CITY, STATE, ZIP CODE V KEM RD ON, IN46952	1
(X4) ID PREFIX TAG	SUMMARY S (EACH DEFICIEN REGULATORY OR 7/2/11 at bedtime insulin was docu	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION) e-blood sugar 231-no mented as having been its of insulin should have	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPR DEFICIENCY) related to "Insulin Administra and Diabetes". In addition, every 60 d pharmacy consultant will cheer re-writes versus all new order the last visit for accuracy. The pharmacy has also agreed to be medical records perform a "decheck" of the Medication Administration Record before	tion ays, the ck the s since e have buble
				sending to the community each month. The pharmacy will fur print all diabetic orders (Insul Accu-checks, glucagon, etc.) separate MAR form for easier tracking. The community will not a separate documentation bind which will be used to separate diabetic orders from other ord the MAR for ease of reference enable double checks to be performed daily by the Health Wellness Director, Executive Director/Designee.	ther in, on a ow have der e all ers in e and to
				How will the corrective actions be monitored to ensure deficient practice will not recise, what quality assurance programs will be put in place. Medical records will he double check system in place pharmacy whereby all orders reviewed by two separate part before sending to the communication month. The Health and Wellner	re the cur, e? ave a at the are iies nity

	IT OF DEFICIENCIES OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CO A. BUILDING B. WING	NSTRUCTION 00	(X3) DATI COMF 09/28/	PLETED
	PROVIDER OR SUPPLIER		STREET A	DDRESS, CITY, STATE, ZI	P CODE	
STERLIN	IG HOUSE OF MAF	RION	MARIO	N, IN46952		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO T DEFICIENCY	ON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
	Resident #22 on Diagnoses for Rewere not limited hypertension, delaypothyroidism. The current July physician orders was to have his betimes daily at 8 at 9 p.m. The order sliding scale insu	2011 recapitulation of indicated Resident #22 blood sugar monitored 4 a.m., 12 p.m., 5 p.m., and indicated Novolog alin was to be given based ar ranges noted below:		consultant will be cl insulin orders for ea receiving insulin on verify orders.	the diabetic MAR uracy. ys, the pharmacy hecking all ach resident a each visit to residents will be nothly during the neeting process to I discrepancies namediately.	

l i			(X2) M	ULTIPLE CO	ONSTRUCTION	(X3) DATE S	
AND PLAN	ID PLAN OF CORRECTION IDENTIFICATION NUMBER: A.			LDING	00	COMPL	
			B. WIN			09/28/2	U11
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
				1	KEM RD		
STERLIN	IG HOUSE OF MAR	RION		MARIO	N, IN46952		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA' DEFICIENCY)	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	-	TAG	DEFICIENCY)		DATE
	251- 300 = UN						
	301-399 = 9 UN						
	If greater than 40	-					
		ated the original order					
	date was 7/22/11						
		n sliding scale order					
		nt of insulin to be given					
	for the blood sug	ar range of 251-300.					
	The June 2011 M	Iedication Administration					
	Record (MAR) h	ad a handwritten "8" in					
	front of the units	for the blood sugar range					
	of 251-300. The	clinical record lacked					
	any telephone or	der clarifying the amount					
	of insulin to be g	iven for the range of					
	251-300.	C					
	On the following	dates, 8 units of insulin					
	was given:	,					
	6/18/11 dinner 28	87					
	6/18/11 bedtime						
	6/19/11 bedtime						
	6/25/11 bedtime						
	6/28/11 lunch 25						
	5,26,11 Iunon 23	•					
	The July 2011 M	AR for the blood sugar					
		had nothing in front of					
		plood sugar range of					
	251-300.						
	_51 500.						
	On the following	dates, 7 units of insulin					
	was given:	, autob, / amito of mounin					
	7/4/11 bedtime 2	58					
	//4/11 bedume 2	30					

l i		(X2) M	ULTIPLE CO	NSTRUCTION	(X3) DATE S		
AND PLAN	 		A. BUI	LDING	00	COMPL	
			B. WIN	IG		09/28/2	011
NAME OF F	PROVIDER OR SUPPLIER				ADDRESS, CITY, STATE, ZIP CODE		
				1	KEM RD		
STERLIN	IG HOUSE OF MAF	RION		MARIO	N, IN46952		
(X4) ID		TATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX		CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA	TE	COMPLETION
TAG		LSC IDENTIFYING INFORMATION)	_	TAG	DEFICIENCY)		DATE
	7/8/11 bedtime 2						
	7/19/11 dinner 29	94					
	3.) During an int						
		d Director of Nursing on					
	9/27/11 at 3:45 p						
	information was	requested related to the					
	insulin coverage	concerns noted above for					
	Resident #'s 13 a	nd 22.					
	During an intervi	iew on 9/28/11 at 8:30					
	a.m., the Director	r of Nursing indicated					
	she had reviewed	the orders and					
	medication admi:	nistration records for					
	Resident #13 and	d #22 and had no					
	information to pr	ovide related to the					
	insulin given on						
	4.) Review of a	current facility policy,					
	dated June 2003,	• •					
	· ·	19/28/22 at 10:15 a.m.,					
		jection/Glucometer					
	ľ	ded, but was not limited					
	to, the following:						
	15, 22 10110 111118.	•					
	"Background						
	~	one that controls the					
		gar, also called glucose,					
		ple with diabetes either					
	1	nough insulin or have a					
	_	eir cells that make them					
	~	insulin properly					
	Insulin Injectio						
	1	on reciniques					
	Injection						

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					` ′	(3) DATE SURVEY COMPLETED	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	A. BUILDING 00 COMPI			
			B. WING			09/28/2	:011
NAME OF P	ROVIDER OR SUPPLIER				DDRESS, CITY, STATE, ZIP CODE		
STERLIN	IG HOUSE OF MAR	RION			KEM RD N, IN46952		
					1, III 1 0952		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		рі	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION
TAG	`	LSC IDENTIFYING INFORMATION)		TAG	CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	DATE
		Right drug, Right		_			
	resident, Right do						
	resident, ragit de						
R0349		st maintain clinical records					
		These records must be the supervision of an					
		icility designated with that					
		records must be as follows:					
	(1) Complete.						
	(2) Accurately doc (3) Readily access						
	(4) Systematically						
		review an interview, the	R03	49	R 349:		10/22/2011
		ensure clinical records			What corrective action(s) will b	e	
	<u>-</u>	nd accurate in regards to			accomplished for those residents found to have been affected by the alleged deficient practice?		
	insulin orders for	•					
		ders for sliding scale			anegea aejiciem practice:		
		le of 8. (Resident #13			· Resident # 13: This resident	dent	
	and #22)	ie of o. (Resident #15			suffered no adverse effects due	to the	
	ana 1122)				alleged deficient practice. The		
	Findings include:	-			licensed nurse involved in the	:	
	i mamgs merade.	•			alleged medication discrepancy longer employed at this communication.		
	1) The clinical r	record for Resident #13			Going forward, this resident nov	-	
	·	9/27/11 at 1:30 p.m.			a new flow sheet placed in the		
	was it viewed oil	7/2//11 at 1.50 p.m.			Medication Administration Reco		
	Diagnosas for Do	esident #13 included, but			where the sliding scale insulin o		
	_	to, Dementia, Diabetes			and accu-check readings may be documented on the same page for		
	Mellitus, type 2,				easier reference. A new Flow sh		
	ivicinius, type 2,	and analoty.			will be introduced at the nurses		
	Admission physic	cian's orders, dated			meeting scheduled on Oct. 21, 2		
		Resident #13 was to			this flow sheet will have the cur		
		checks done four times			sliding scale orders with a place document the blood sugar.	: to	
	_				Resident # 22: This resident	dent	
		ers indicated sliding scale			suffered no adverse effects due		
	inovolog insulin	was to be given based on					

STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MU	(X2) MULTIPLE CONSTRUCTION (X3)			(3) DATE SURVEY	
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	, DIHI	A. BUILDING 00		COMPLETED	
			B. WING 09/28/2		011		
			B. WING		DDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF	₹					
				KEM RD			
STERLIN	NG HOUSE OF MAI	RION		MARIO	N, IN46952		
(X4) ID	SUMMARY S	STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	(EACH DEFICIEN	NCY MUST BE PERCEDED BY FULL	F	PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT	re l	COMPLETION
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)		TAG	DEFICIENCY)		DATE
	the blood sugar	results. The amounts of		I	alleged deficient practice. Goin		
	insulin to be give	en included, but were not			forward, this resident now has a		
	limited to, the fo				flow sheet placed in the Medica		
		mowing.			Administration Record where the	ne	
	D1 1	1, 101 200 : 2 :			sliding scale insulin orders and		
	Blood sugar resu	ults 181-200- give 2 units			accu-check readings may be		
					documented on the same page f		
	The August 2011	l recapitulation of			easier reference. A new Flow sh will be introduced at the nurses	ieet	
	physician's order	rs, dated 8/9/11, indicated			meeting scheduled on Oct. 21, 2	2011	
	2 units of sliding	g scale insulin was to be			this flow sheet will have the cur		
	1	sugar results ranging from			sliding scale orders with a place		
	190-220.	sugar results ranging from			document the blood sugar.	, 10	
	190-220.				document the blood sugar.		
					How will the facility identify of	her	
		ord lacked any written or			residents with the potential to b		
	telephone order	changing the blood sugar			affected by the same alleged		
	range from 181-	220 to 190-220.			deficient practice and what		
					corrective action will be taken?	•	
	During an interv	riew with the Director of			· Other diabetic residents		
	_	/11 at 8:30 a.m., she			orders for sliding scale insulin h		
	_	-			the potential to be affected by the		
		s unable to provide any			alleged deficient practice. For t		
		ted to the change in the			reason the clinical records for a		
	blood sugar rang	ge order noted above for			diabetic residents with sliding s		
	Resident #13.				insulin orders have been review the Health and Wellness Director		
	2) The clinical	record for Resident #22			compared to the documentation the MARs for accuracy and	OII	
	1 '	19/27/11 at 10 a.m.			completeness. No other residen	nts	
	was reviewed on	1 9/2 // 11 at 10 a.m.			were noted to be affected by the		
	Diagnosas for D	asidant #22 inalyded byt			alleged deficient practice.	,	
	1	esident #22 included, but					
		to, diabetes mellitus,			What measures will be put in	place	
	hypertension, de				or what systemic changes will		
	hypothyroidism.				facility make to ensure the alle		
					deficient practice does not reco	-	
	The current July	y 2011 recapitulation of					
	1	indicated Resident #22			· A meeting was held on		
	1 * -	blood sugar monitored 4			September 30 th, 2011 between	the	
	was to have his t	oroou sugar momitored 4			Executive Director, Health and		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY			
AND PLAN	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING 00		00	COMPLETED	
			B. WING 09/28/2011		011		
			B. WIN		ADDRESS, CITY, STATE, ZIP CODE		
NAME OF I	PROVIDER OR SUPPLIEF	R			KEM RD		
STERLIN	NG HOUSE OF MAR	RION			N, IN46952		
					14, 114-10002		
(X4) ID		STATEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX	`	CY MUST BE PERCEDED BY FULL		PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG	+	LSC IDENTIFYING INFORMATION)	+	TAG			DATE
	1	orders indicated			Wellness Director, the consulting pharmacist and the director of the consulting pharmacist and the consultin		
	Novolog sliding	scale insulin was to be			community's preferred pharmac		
	given based on b	lood sugar readings as			· As a result of the meeting		
	noted below:				pharmacy has agreed to present	-	
					inservice at the community duri		
	150-200 = 3 UN	(units)			the month of October (for nurse	-	
	201-250 = 5 UN	` '			related to "Insulin Administration	·	
	251-300 = UN				and Diabetes".		
	301-399 = 9 UN				· In addition, every 60 day		
					pharmacy consultant will check		
		ated the original order			re-writes versus all new orders s	since	
	date was 7/22/10).			the last visit for accuracy. The		
					pharmacy has also agreed to have medical records perform a "dou		
	The above insuli	n sliding scale order			check" of the Medication	DIC	
	lacked the amou	nt of insulin to be given			Administration Record before		
	for the blood sug	gar range of 251-300.			sending to the community each		
		5			month.		
	The June 2011 N	Medication Administration			· The pharmacy will further	er	
		nad a handwritten "8" in			print all diabetic orders (Insulin	,	
					Accu-checks, glucagon, etc.) or	n a	
		for the blood sugar range			separate MAR form for easier		
		clinical record lacked			tracking.	,	
		der clarifying the amount			 The community will now a separate documentation binder 		
	of insulin to be g	given for the range of			which will be used to separate a		
	251-300.				diabetic orders from other order		
					the MAR for ease of reference a		
	The July 2011 M	IAR for the blood sugar			enable double checks to be		
	range of 251-300) had nothing in front of			performed daily by the Health a	nd	
	the units for the	blood sugar range of			Wellness Director, Executive		
	251-300.				Director/Designee.		
	During an interv	iew with the Director of			T		
					How will the corrective actions be monitored to ensure		
	_	/11 at 8:30 a.m., she			deficient practice will not recu		
		s unable to provide any			i.e., what quality assurance	•,	
		ted to the insulin orders			programs will be put in place?		
	and medication r	record documentation			r serman was param place.		

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 10/06/2011 FORM APPROVED OMB NO. 0938-0391

l	OF CORRECTION	IX1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING B. WING	00	I	ESURVEY PLETED 2011
	PROVIDER OR SUPPLIER		STREET 2452 V	ADDRESS, CITY, STATE, ZIP CODE V KEM RD DN, IN46952	I	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPR DEFICIENCY)	.D BE	(X5) COMPLETION DATE
	noted above for	Resident #22.		Medical records with double check system in play pharmacy whereby all ord reviewed by two separate before sending to the come each month. The Health and We Director and the Executive will be monitoring the dial binder daily for accuracy. Every 60 days, the consultant will be checkin insulin orders for each restrectiving insulin on each everify orders. All diabetic resider discussed twice monthly discussed twice monthly discollaborative care meeting review any potential discreased address them immediately. By what date will these sy changes be implemented? 10/22/11	ace at the ers are parties munity Illness Director petic MAR pharmacy g all dent visit to tts will be uring the process to epancies tely.	